DOCUMENT RESUME

ED 171 051 **EC 115 260**

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TITLE Between Assessment and Intervention: Forging Developmental Linkages for Preschoolers with Special Needs. A Practical Guide for School Psychologists and Early Childhood Special Educators.
PUB DATE Apr 79
NOTE 47p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (57th, Dallas, Texas, April 22-27, 1979, Session B-54)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Developmental Programs; *Educational Diagnosis; Educational Objectives; *Educational Planning; Evaluation Methods; *Handicapped Children; Identification; *Preschool Education

ABSTRACT

The guide outlines a pragmatic procedure for ensuring a systematic flow of operations for screening to programing, and especially for forging "linkages" between comprehensive developmental assessment and individualized instructional programing for the handicapped preschooler. Five major purposes (including to screen and identify exceptional children) are given, and the rationale for continuity in assessment is offered. Five steps in forging an assessment/curriculum linkage are outlined: identify developmental deficits requiring more focused assessment, match assessment devices according to curriculum characteristics and content, determine developmental levels in major areas of functioning (motor, adaptive, language, and personal-social), identify "performance ceilings" in each area of functioning, and match performance ceiling tasks to curriculum target objectives in each area of functioning. Sections on each step cover key concepts, explanatory comments, and an illustration. The practical value of criterion-based developmental diagnosis is pointed out, and supporting data for the linkage procedure is offered. It is concluded that the more defined the interface between a child's pattern of capabilities and his plan of instruction, the more effective the total educational experience. Appended is information for a simulation exercise in forging an assessment/curriculum linkage for a handicapped preschooler. (SBH)

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BETWEEN ASSESSMENT AND INTERVENTION: FORGING DEVELOPMENTAL LINKAGES FOR PRESCHOOLERS WITH SPECIAL NEEDS

A PRACTICAL GUIDE FOR SCHOOL PSYCHOLOGISTS AND EARLY CHILDHOOD SPECIAL EDUCATORS

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Paper and workshop presented at National Conference
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Introduction

The process of assessment and intervention with handicapped and non-handicapped preschoolers is both complex and highly interrelated and, therefore, demands the formulation of systematic procedures to ensure flow and linkage from diagnosis to educational programming.

Traditionally, there has been a voiced interest in the need for early identification and assessment of developmental problems but little direct concern with establishing individualized educational plans upon such assessment. Therefore, the crucial "link" between assessment and intervention has been bypassed. The result is that preschool teachers and early childhood specialists have received little direct, practical guidance from psychologists and other diagnostic specialists in designing individualized goal-plans for the preschool child.

Without systematic goals and practical procedures, our assessment methods are often nebulous, haphazard, and ill-suited to fit our needs. This absence of focus and continuity contributes both to misuse and considerable wasted effort. However, with the inception of Public Law 94-142 (1975), psychologists, early childhood specialists, and special education personnel and parents must integrate their efforts in a systematic way to construct meaningful assessment/curriculum linkages for each child in order to:

1. Describe a child's current levels of functioning in all developmental areas.
2. Specify short and long term educational goals and objectives.
3. Select appropriate evaluative procedures to monitor both child progress and program effectiveness.

Flow and Direction

A critical need exists to construct practical bonds between diagnostic evaluation and educational programming, particularly when serving handicapped preschool populations.

> ...Screening without intervention and eventual program planning is futile and maybe even detrimental...Considerable additional research must be done regarding optimum matches and most efficacious approaches to screening, evaluation, and intervention for young children at developmental risk (Meier, 1975, pp. 529-531).

Thus, the process of screening and assessment is devoid of practical, functional significance unless it "serves as a blueprint for designing individualized instructional programs (Ysseldyke & Bagnato, 1976, p. 287)".

In terms of this growing practical need, the following illustrated, step by step guide outlines a pragmatic procedure for ensuring a systematic flow of operations from screening to programming and, especially, for forging "linkages" between comprehensive developmental assessment and individualized instructional programming for the handicapped preschooler.

Purpose and Continuity in Assessment

Tests are administered in educational contexts for various purposes, but mainly to enable decisions to be made about a child and his educational program. The kind of decision to be made dictates the kinds of behaviors to be sampled and the particular tests to be selected and utilized. Specifically, tests are administered for five major purposes (Robb, Bernardoni, & Johnson, 1972):

1. To screen and identify exceptional children
2. To make decisions about appropriate educational placements

3. To design individualized instructional plans

4. To monitor individual child progress

5. To evaluate program effectiveness

Conventionally, norm-referenced developmental measures have been used to describe a child's general developmental status via maturity levels and developmental quotients. This approach is useful for detecting uneven or delayed patterns of development relative to a standardization group. Thus, these global measures may be used to select or identify those children who deviate from the average. Typically, however, tests designed for selection are inappropriate for purposes of placement or differential diagnosis within a program (Cronbach, 1970; Anastasi, 1968). The Denver Developmental Screening Test (Frankenburg, & Dodds, 1973) and other similar global screening measures, for example, are designed to screen or identify children who demonstrate significant developmental delays by surveying normal developmental "milestones" across major behavioral areas. However, these tests cannot be used to reliably pinpoint skill deficits since they include only a limited sample of functional capabilities within these domains. Thus, these screening measures are not optimal instruments for identifying specific instructional targets. Screening measures are helpful in selecting children in need of help but are inappropriate for placing these children within a curriculum. Yet, many early childhood specialists attempt to employ such broad-spectrum instruments as a basis for diagnostic-prescriptive teaching.

The choice of measures for diagnostic-prescriptive purposes must be guided by pragmatic considerations related to the nature and content of the intervention program as well as the goals and purposes of assessment

at each stage of the child's educational experience. In light of the absence of adequate criterion-referenced measures for preschool programming, it is important to devise systematic and practical methods of employing traditional comprehensive developmental scales for the purpose of individualized instructional goal-planning.

The problem of devising procedures which are capable of facilitating comprehensive, functional assessments of the capabilities of handicapped preschoolers requires a pragmatic and clinical approach to diagnosis and educational planning. Such a practical mode of operation recognizes that the screening, identification, assessment and programming of handicapped children is a complex process involving various phases in order to collect and synthesize diagnostic information from diverse sources into a meaningful educational format.

The assessment/intervention process must be viewed as consisting of "interlinking phases", each with distinct purposes, yet each meshing with the objectives of the succeeding phase. (Figure 1). In this way, the diagnostic process flows from general to specific and ensures follow-though from screening to individualized programming.

Moreover, a comprehensive assessment of functional skills is achieved by selecting diagnostic measures which fit the purposes of assessment to a given child's functional levels and handicapping conditions, and which provide both broad-spectrum and narrow-spectrum analyses of a child's capabilities and limitations. Figure 2 conceptualizes this goal-based, general to specific assessment process in the form of a pyramid. Initial, global screenings of individual children are tentative and subject to revision via more comprehensive assessments which provide the basis for initial curriculum-entry and individualized goal-planning.

Figure 1

Diagnostic Flow and Linkage

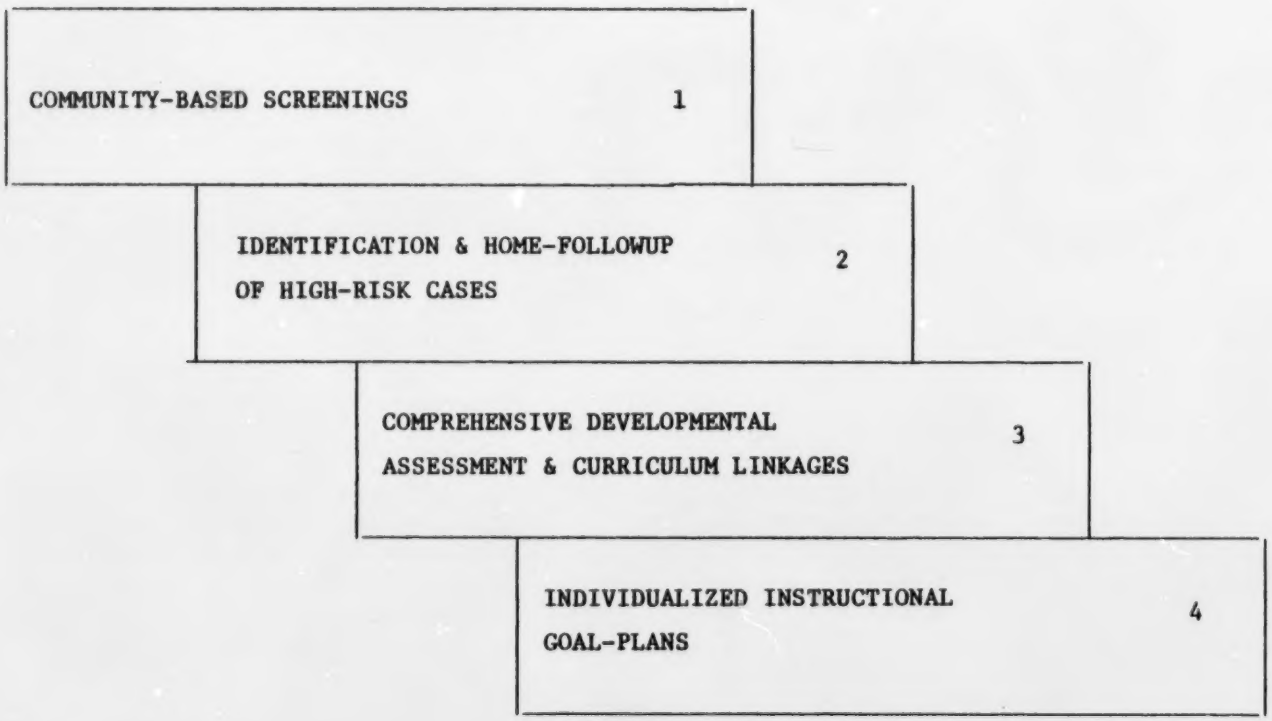
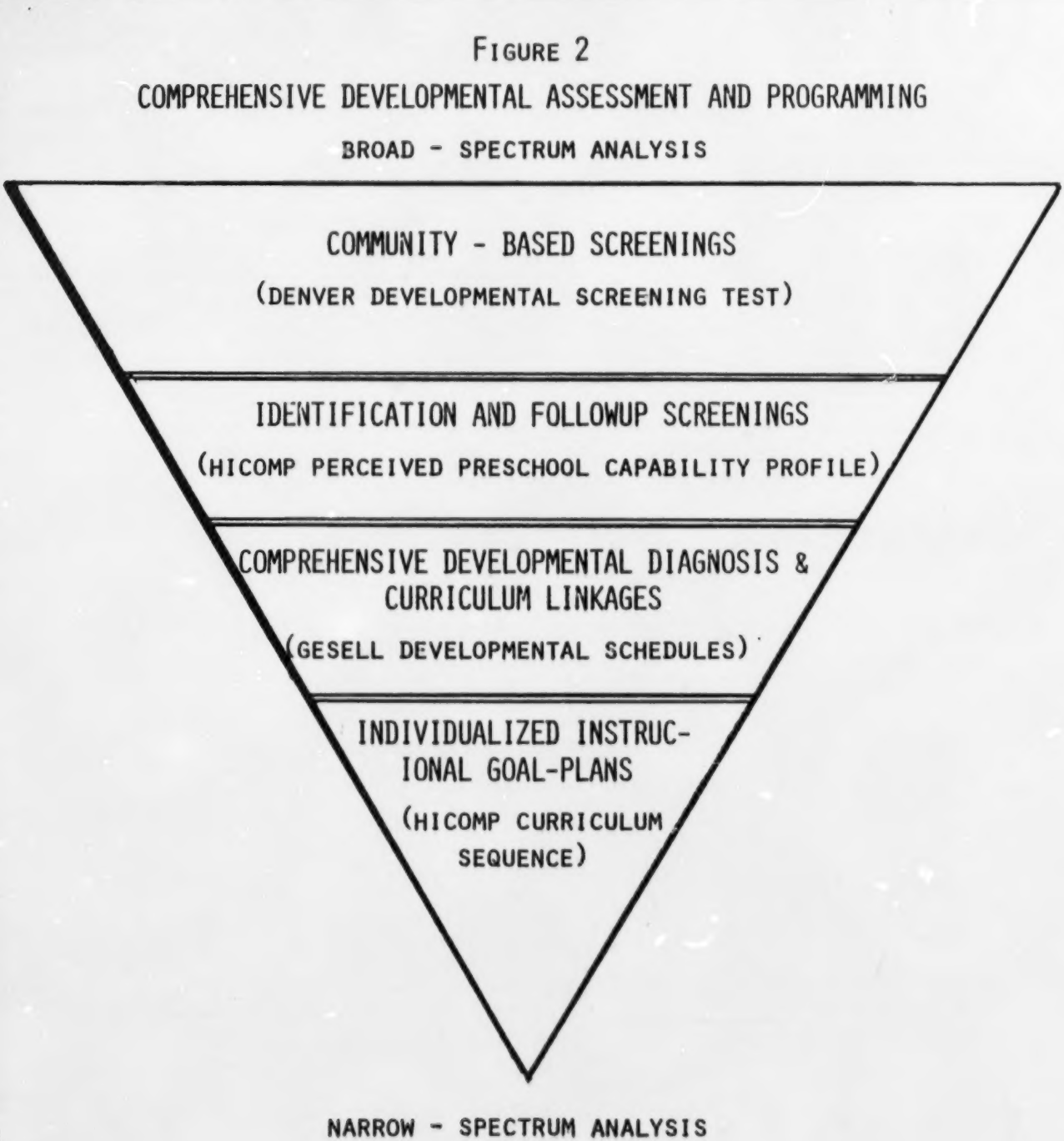

COMMUNITY-BASED SCREENINGS 1
IDENTIFICATION & HOME-FOLLOWUP OF HIGH-RISK CASES 2
COMPREHENSIVE DEVELOPMENTAL ASSESSMENT & CURRICULUM LINKAGES 3
INDIVIDUALIZED INSTRUCTIONAL GOAL-PLANS 4
General Functional Skill Analysis
Specific Functional Skill Analysis

FIGURE 2

COMPREHENSIVE DEVELOPMENTAL ASSESSMENT AND PROGRAMMING


BROAD - SPECTRUM ANALYSIS
COMMUNITY - BASED SCREENINGS
(DENVER DEVELOPMENTAL SCREENING TEST)
IDENTIFICATION AND FOLLOWUP SCREENINGS
(HICOMP PERCEIVED PRESCHOOL CAPABILITY PROFILE)
COMPREHENSIVE DEVELOPMENTAL DIAGNOSIS & CURRICULUM LINKAGES
(GESELL DEVELOPMENTAL SCHEDULES)
INDIVIDUALIZED INSTRUC-IONAL GOAL-PLANS
(HICOMP CURRICULUM SEQUENCE)
NARROW - SPECTRUM ANALYSIS

A SYSTEM FOR FORGING ASSESSMENT/CURRICULUM LINKAGES

Assessment should not operate in a vacuum as a separate practice; it is an integral part of the total instructional process. Criterion-based developmental assessment and programming exemplifies the view that evaluation should be imbedded within educational planning.

> Criterion-referenced tests have been suggested as more effective measuring instruments...for situations in which it is desirable to give teachers information that will help them in their teaching. This permits input for educational planning since the results indicate at what level and in what area the student is performing (Vane, 1976, pp. 39-40).

The elements of level and area are fundamental factors in the linkage between comprehensive developmental assessment and individualized instructional goal-planning. The "Linkage system" involves a mode of operation similar to that proposed by Haeussermann (1958). It implements a systematic sampling of functional skills across developmental levels and behavioral areas with the objective of determining the specific skill "targets" and behavioral strategies that should constitute the handicapped preschooler's individual goal plan.

In this approach, traditional developmental scales (Gesell, Bayley, Cattell, Griffiths) are conceptualized and employed as criterion-based measures which sample a range of sequenced, prerequisite skills in language, personal-social, motor and cognitive areas. Similarly, most preschool curricula (Quick, et al., 1974; Forsberg, et al., 1977; Shearer, et al. 1971) contain developmentally sequenced behaviors

comparable to those appearing in existing scales. Therefore, a child's pattern of deficits on a series of standardized developmental tasks reflects his individual range of functional capabilities and, thus, can be used to delineate sets of curriculum entry "target objectives" appropriate to developmental level which should be stressed in programming. (See Figure 3). In this way, developmental assessment guides and supplements the planning of specific educational goals and strategies.

Figure 3 provides a concise overview of the steps involved in linking developmental assessment to curriculum planning and in creating individualized instructional goal-plans from developmental diagnostic results. The following steps describe in detail the sequence of operations involved in forging "assessment/curriculum "linkages".

Figure 3

ADVANCED ILLUSTRATION FOR
STEPS IN FORGING AN ASSESSMENT/CURRICULUM LINKAGE

1. Identify Developmental Deficits Requiring More Focused Assessment

2. Match Assessment Devices According to Curriculum Characteristics and Content

3. Determine Developmental Levels in Major Areas of Functioning

C.A. = 43 months.....	MOTOR	= 18-21 mo.
	ADAPTIVE	= 11-15 mo.
	LANGUAGE	= 9-12 mo.
	PERSONAL-SOCIAL	= 12 mo.

4. Identify "Performance Ceilings" in Each Area of Functioning

Imitates common words	±
Speaks 3-4 words	-
Drinks cup-no spilling	±
Indicates wet pants	-
Jumps both feet	-
Attempts cube tower	-
Finds hidden objects	±
Goes to location	±

5. Match Performance Ceiling Tasks to Curriculum Target-Objectives In Each Area of Functioning

TEST	CURRICULUM
Imitates common words.....	Imitates familiar words
Speaks 3-4 words.....	Uses words in speech
Drinks cup-no spilling.....	Drinks from cup-unassisted
Indicates wet pants.....	Gestures for wet pants & toilet
Jumps both feet.....	Jumps off floor/both feet
Attempts cube tower.....	Stacks two cubes
Finds hidden objects.....	Looks for object out of sight
Goes to location.....	Follows direction to go to location

STEP 1	IDENTIFY DEVELOPMENTAL DEFICITS REQUIRING MORE FOCUSED ASSESSMENT: SCREENING & IDENTIFICATION

KEY CONCEPTS:

SCREENING... *a global process of "surveying" the behavior of children in an attempt to detect the existence of general developmental problems.*

IDENTIFICATION... *the outcome of the screening process in which apparent developmental delays within children's capabilities are detected*

EXPLANATION:

The initial step in comprehensive developmental assessment for individualized goal-planning is the identification of suspected deficits in functional skills. Oftentimes, screening information directed toward problem identification is obtained from diverse sources such as problem descriptions from parents, physicians and the other diagnostic specialists; behavioral ratings; and even the administration of brief developmental screening tests. All such information should be gathered and synthesized to gain a complete picture of the child's functional skills across different people and situations. Moreover, screening information must cover several major functional areas: language skills, personal-social behaviors, motor capabilities, and problem-solving skills. This array of information helps to generate a profile of acquired skills for each child compared to those skills to be expected of the average child of his/her age. Through this global, screening procedure, deficit

areas requiring more focused assessment can be highlighted. The following illustration, and subsequent examples in this manual, demonstrates the screening, assessment and individualized goal-planning of a handicapped preschooler.

ILLUSTRATION:

Diagnostic information which is valuable for screening and problem identification should be gathered and synthesized from diverse sources such as problem descriptions, behavioral ratings, and global developmental screening tests. Such multi-source diagnostic information is illustrated in Figures 4 and 5. Note how the information obtained from behavioral ratings and the Denver Developmental Screening Test (DDST) provide concurrent, supporting evidence of Andy's apparent behavioral, psycho-motor, and language problems.

After initial screening information is collected, one must select more comprehensive developmental measures appropriate to the child's handicap and congruent with developmentally-sequenced objectives in order to define his developmental capabilities more accurately, by focusing primarily upon those developmental deficits identified during screening.

Figure 4

PERCEPTIONS OF DEVELOPMENTAL SKILLS (PODS PROFILE)

Child Andy Age 43 mo. Sex M Date 76-9-21

Rater N.L. Specialty/Occupation Social Worker

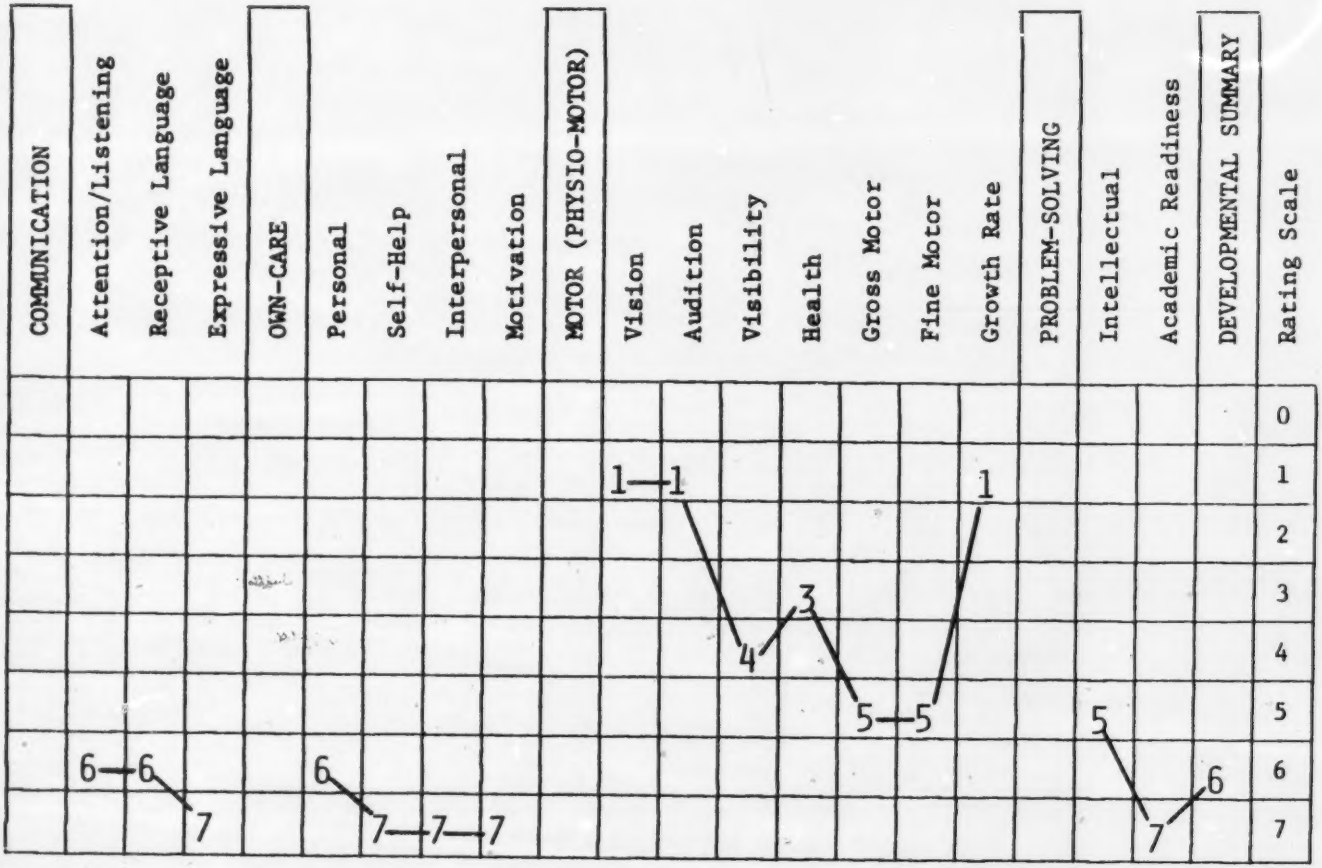
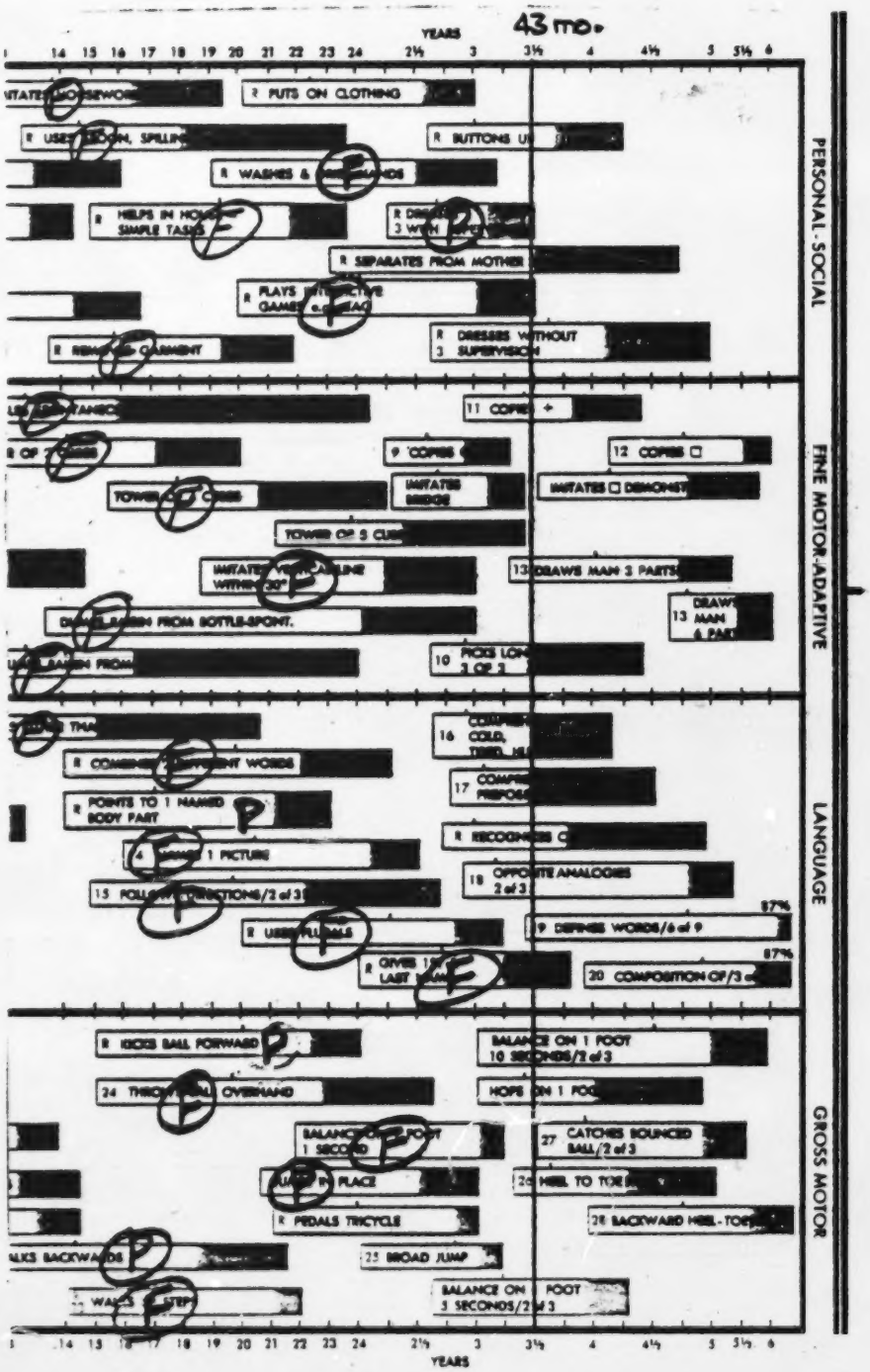


FIGURE 5

DENVER DEVELOPMENTAL SCREENING RESULTS

ON ANDY


43 mo.
YEARS
14 15 16 17 18 19 20 21 22 23 24 2½ 3 3½ 4 4½ 5 5½ 6
PERSONAL-SOCIAL
FINE MOTOR-ADAPTIVE
LANGUAGE
GROSS MOTOR
R PUTS ON CLOTHING
R BUTTONS
R WASHES & DRIES HANDS
R SEPARATES FROM MOTHER
R DRESSES WITHOUT SUPERVISION
11 COPIES +
12 COPIES □
TOWER OF 9 CUBES
13 DRAWS MAN 3 PARTS
10 PICKS LONG GRASS
R COMBINES DIFFERENT WORDS
R POINTS TO 1 NAMED BODY PART
17 COMPREHENDS PREPOSITIONS
18 OPPOSITE ANALOGIES 2 of 3
87%
9 DEFINES WORDS/6 of 9
87%
20 COMPOSITION OF/3
R KICKS BALL FORWARD
BALANCE ON 1 FOOT 10 SECONDS/2 of 3
24 THROWS BALL OVERHAND
HOPS ON 1 FOOT
27 CATCHES BOUNCED BALL/2 of 3
R PEDALS TRICYCLE
25 BROAD JUMP
BALANCE ON FOOT 5 SECONDS/2 of 3
YEARS

STEP 2	MATCH ASSESSMENT DEVICES WITH CURRICULUM CHARACTERISTICS AND CONTENT: "DEVELOPMENTAL TASK MATCHING"

KEY CONCEPTS:

DEVELOPMENTAL TASK MATCHING... *the process of evaluating assessment measures and curricula in terms of their mutual inclusion of similar developmental sequences and tasks*

CONGRUENCE... *the essential similarity which must exist between the behaviors tested and the behaviors taught*

DEVELOPMENTAL TASK APPROACH... *the perspective which assumes that development is composed of a series of sequenced, prerequisite tasks in all functional areas that arise at certain developmental stages. Success at such developmental skills is important for future attainment of more complex capabilities*

EXPLANATION:

On the basis of a wide-spectrum screening process which gathers diagnostic information from many sources, more comprehensive developmental assessment can be guided to focus upon the specific skill areas which are perceived as problems. Such followup assessments help to define developmental deficits and to confirm or refute the initial screening results.

However, in order to use developmental scales as <u>guides</u> to instructional goal-planning one must evaluate both assessment measures and curricula/interventions in terms of their common "match" factors before more comprehensive assessment can be

carried out in an educationally purposeful manner. Therefore, measures must be selected which match the contents and objectives of the curriculum employed and also which are appropriate to the child's functional level and handicapping conditions.

ILLUSTRATION:

First, there must be an essential congruence among the behaviors sampled within the developmental measure and the instructional objectives stressed in a program (Newland, 1973). In effect, one "tests to the teaching". A careful analysis of the instructional objectives within a curriculum sequence should guide the selection of appropriate diagnostic measures. The underlying framework of both developmental scales and most preschool curricula is the common inclusion of developmentally sequenced tasks. Therefore, a "developmental task approach" (Valett, 1972; Havighurst, 1972; Knobloch & Pasamanick, 1962) to assessment and programming provides a unifying bridge. (See definition above).

Next, a match between assessment tasks and instructional objectives must be evident not only at the most general level (behavioral domain) but also, at the most specific level of the task analysis (target-objective). Therefore, instruments must be selected which ensure comprehensive sampling of all behaviors at each level of the curriculum sequence. Figure 6 illustrates the use of several measures to ensure comprehensive coverage at all curriculum levels. Also, the selection of suitable measures is crucial in terms of their behavioral focus, appropriateness to the child's handicapping conditions, and technical adequacy. Such a comprehensive analysis attempts to capitalize on the developmental sequences inherent

Figure 6

Assessment Coverage at All Curriculum Levels

Suitable Tests	HICOMP Curriculum Sequence	
PODS; Rating Scales	MOTOR DOMAIN (year level 2-3).....	(DOMAIN LEVEL)
PODS; PAR; DDST	M-3-2 Fine Motor.....	(SUBDOMAIN LEVEL)
	M3-2.1 Draws circle, imitating adult.....	(TARGET LEVEL)
	M3-2.2 Draws vertical line from model	
BSID; GDS Criterion-based curriculum checklists	M3-2.3 Draws horizontal line from model	
	M3-2.4 Draws recognizable face	
	M3-2.5 Builds bridge - 3 cubes - imitated	
	M3-2.6 Builds tower 9-10 cubes	

PODS - Perceptions of Developmental Skills

PAR - Preschool Attainment Record

DDST - Denver Developmental Screening Test

BSID - Bayley Scales of Infant Development

GDS - Gesell Developmental Schedules

MOTOR - Year 2 - Page 6

Objective Number	General Objective	Pretest	Progress period 1	Progress period 2	Progress period 3	Progress period 4	TRAINING: Date began	TRAINING: Date ended	TRAINING: Date maintenance check	TRAINING: Strategy	TRAINING: Evaluation	TRAINING: Consequence	GENERALIZATION: Probe/Person	GENERALIZATION: Probe/Setting	GENERALIZATION: Trained/Person	GENERALIZATION: Trained/Setting
M-2-1	Fundamental Movement (Gross Motor)															
M-2-1.1	Stoops and recovers									1,6	4					
M-2-1.2	Starts and stops walking without falling									1,6	5					
M-2-1.3	Climbs into chair, turns around to sit									1,6	1/4					
M-2-1.4	Runs stiffly, sometimes falls									1,6	8					
M-2-1.5	Crawls up stairs unassisted									1	1/3					
M-2-1.6	Walks up stairs if one hand is held									1,6	1/3					
M-2-1.7	Walks sideways									1,6	1/3					
M-2-1.8	Walks downstairs if one hand is held									1,6	1/3					
M-2-1.9	Squats in play for 2-3 minutes									1,6	5					
M-2-1.10	Walks backwards									1,6,3	1/3					
M-2-1.11	Walks up and down stairs holding rail, both feet on each step									1,6	1/3					
M-2-1.12	Kicks large (stationary) ball									1,6,3	3/7					
M-2-1.13	Jumps off floor, both feet									1,6,3	3/7					
M-2-1.14	Tries to stand on one foot									1,6,3	8					
M-2-2	Skilled Movement or Visual-Motor or Fine Motor															
M-2-2.1	Stacks two objects									2,3,6	3					
M-2-2.2	Puts 5-6 cubes (e.g.) in container									2,3,6	3					
M-2-2.3	Helps turn pages of book									3,6	8					
M-2-2.4	Puts very small object into narrow container									3,6	4					
M-2-2.5	Makes random marks on paper with crayon held in fist									3,6	8					

within both traditional scales and frequently employed preschool curricula for purposes of criterion-based, diagnostic-prescriptive teaching. Note the general correspondence between the developmental areas common to both traditional scales and commonly employed preschool curricula in Figure 7. A more specific analysis is presented in later steps.

Figure 7

*Correspondence Between Developmental Areas Common to Both Traditional Scales and Commonly Employed Preschool Curricula

	DEVELOPMENTAL SCALES				DEVELOPMENTAL PRESCHOOL CURRICULA			
AREA	GESELL	LAP	GRIFFITHS	BAYLEY	HICOMP	MEMPHIS	PORTAGE	EARLY INTERVENTION
LANGUAGE	Language	Language	Hearing and Speech	Mental	Communicatic	Language	Language	Communication
PERSONAL/ SOCIAL	Personal/ Social	Social Self-help	Personal/ Social	Infant Behavior Record	Own-care	Personal/ Social	Self-help Socialization	Social/ Self-help
MOTOR	Gross & Fine Motor	Gross & Fine Motor	Eye-hand Coordination Locomotor	Mental/ Motor	Motor	Gross & Fine Motor	Motor	Motor
COGNITIVE	Adaptive	Cognitive	Performance Skills	Mental	Problem-solving	Perceptuo-Cognitive	Cognitive	Cognitive

*See Meier, J., Screening and Assessment of Young Children at Developmental Risk, March, 1973, DHEW Publication # OS 73-90 Washington, D. C.

STEP 3	DETERMINE DEVELOPMENTAL LEVEL IN EACH FUNCTIONAL AREA: COMPREHENSIVE DEVELOPMENTAL DIAGNOSIS

KEY CONCEPTS:

COMPREHENSIVE DEVELOPMENTAL DIAGNOSIS...*a wide-ranging, yet narrow-spectrum process of analyzing and profiling a child's range of functional skills across behavioral areas in order to determine his developmental levels and to provide a basis for individualized educational programming.*

EXPLANATION AND ILLUSTRATION:

After appropriate measures have been selected in congruence with curricular objectives, a comprehensive developmental diagnosis can be achieved for each child. Most developmental scales sample both general developmental domains and specific functional skills which are comparable to those commonly included in preschool curricula. Note Andy's functional, developmental levels in the correspondence between Gesell domains and HICOMP curriculum areas below:

GESELL SCHEDULES (1940)	LEVEL	HICOMP CURRICULUM (1977)
Language	9-12 months	Communication
Personal-Social	12 months	Own-care
Motor	18-21 months	Motor
Adaptive	11-15 months	Problem-solving

In this way, a general developmental range or level can be determined for a given child across all functional areas. As a result of this analysis, each child can be entered at an appropriate developmental

level within each behavioral area of a curriculum. The child's entrance into appropriate curriculum levels can then proceed from general to specific. This general developmental analysis reflects the norm-referenced nature and purpose of the developmental scales, i.e. it compares a particular child's functioning in multiple developmental areas to that of the average child of his age.

STEP 4	IDENTIFY PERFORMANCE CEILINGS IN EACH DEVELOPMENTAL AREA: CRITERION-BASED ANALYSIS

KEY CONCEPTS:

PERFORMANCE CEILINGS... *refers to those skills and behaviors within a child's functional levels that are absent or partially-acquired, emerging capabilities as determined during assessment.*

CRITERION-BASED ASSESSMENT... *measures the degree to which a child has achieved a set of prerequisite developmental skills that are stressed in programming.*

EXPLANATION AND ILLUSTRATION:

The norm-referenced determination of developmental levels described in step 3 is a common process. However, the criterion-based utility of most developmental scales is frequently overlooked, i.e. the sequence of prerequisite tasks within each behavioral area. Capitalizing on this sequence for diagnostic-prescriptive purposes, one should next determine a child's individual "performance ceilings" in each area of functioning. Specifically, identify those developmental tasks which the child failed to complete (-) or which were marginally completed (±) within his particular functional, developmental levels. This sequence of ceilings then delineates a range of absent or partially-acquired functional skills; such ceilings are subsequently viewed as prerequisite, curriculum-entry "targets" which need to be stressed in programming. In essence, one conducts a rudimentary item analysis of each child's developmental performance.

Figure 8 identifies Andy's set of "performance ceilings" in all 4 areas which are viewed as curriculum-entry targets to facilitate initial programming.

ASSESSMENT-BASED CURRICULUM-ENTRY TARGETS

Child Andy Date 76-9-21

Test Gesell Developmental Schedules C.A. 43 months

	PERFORMANCE CEILINGS	LINK #	CURRICULUM-TARGET OBJECTIVES
	D.A.= 9-12 mo.	**COMMUNICATION**	
±	Orients to sounds consistently		
±	Eye contact with speaker		
-	Consistently repeats syllables		
±	Gives objects on request		
±	Identifies objects when named		
-	Looks selectively at pictures		
±	Responds to name		
-	Imitates common words		
-	Speaks 3-4 words		
-	Follows 1-level commands		
	D.A.= 12 mo.	**OWN-CARE**	
±	Reacts consistently to mirror image		
±	Cooperates in dressing		
±	Cooperates in toileting		
-	Indicates wet pants		
-	Toilet/partial regulation		
±	Eats with spoon-spilling little		
±	Drinks from cup-no spilling		
-	Cooperates in washing hands		
	D.A.= 18 (18-21) mo.	**MOTOR**	
±	Kicks large ball		
±	Stairs/up-down-holds rail		
±	Jumps both feet		
-	Attempts cube tower		
-	Formboard/places circle		
-	Imitates horiz./vert. stroke		
	D.A.= 11-15 mo.	**PROBLEM-SOLVING**	
±	Finds hidden objects		
±	Responds to directions "look at me"		
±	Attends to verbalizations		
-	Goes to correct location		
±	"Show me the ....."		

Figure 8
Andy's Performance Ceilings

STEP 5	MATCH THE PERFORMANCE CEILING TASKS WITH SIMILAR CURRICULUM OBJECTIVES: INDIVIDUALIZED CURRICULUM LINKAGE

KEY CONCEPTS:

INDIVIDUALIZED CURRICULUM LINKAGE...*the outcome of comprehensive developmental diagnosis--an individualized goal-plan--designed so as to delineate a child's current levels of skill development and to specify individually-appropriate, curriculum entry target/objectives to facilitate instructional programming.*

CHILD AND PROGRAM MONITORING...*the continuous use of multiple developmental measures to reliably assess a child's skill acquisition within a curriculum and to evaluate the impact effectiveness of the intervention program.*

EXPLANATION:

Completing the individualized curriculum linkage between developmental diagnostic results and appropriate curriculum entry objectives is an important task. Since existing scales were not primarily designed as prescriptive instruments, no clear, one-to-one relationship exists between all test tasks and all curriculum objectives in any curriculum. However, the developmental sequencing of common psycho-motor, language, and personal-social behaviors within both scales and curricula enables a large number of practical linkages to be accommodated.

The creation of links for specifying individual instructional targets is accomplished simply by matching those test tasks which

were failed (-) or partially completed (±) with similar objectives at certain levels within various preschool curricula. The match is determined on the basis of task similarity and behavioral demand, i.e. the physical similarity between the test task and the curriculum objectives content, and the kinds of response behaviors required of the child in order to complete a task successfully. For example, repeating a 3-digit number sequence and repeating numbers from a model are both essentially imitative memory tasks requiring a verbal response from the child.

The resulting product of this matching procedure is the creation of a sequence of individually appropriate curriculum-entry target objectives for each child across major functional areas (Figure 9). This set of assessment-based instructional targets is congruent with the child's functional levels and handicapping conditions. Followup assessments on a periodic basis using both developmental scales and curriculum-imbedded checklists facilitate the crucial task of continuous child and program monitoring to determine progress and intervention effectiveness. Evidence of the acquisition of skills required to complete both test activities and curriculum tasks provides dual support of child progress.

ASSESSMENT-BASED CURRICULUM-ENTRY TARGETS

Child Andy C.A. 43 months

Test Gesell Developmental Schedules Curriculum HICOMP (1977)

	PERFORMANCE CEILINGS	LINK INDEX	CURRICULUM-TARGET OBJECTIVES
D.A.= 9-12 mo.	COMMUNICATION		
±	Orients to sounds consistently	C1-5.2	Head turn to sounds
±	Eye contact with speaker	C1-5.3	Gaze at speaker
-	Consistently repeats syllables	C1-1.8	Repeats syllables over/over
±	Gives objects on request	C1-3.9	Responds to request
±	Identifies objects when named	C2-3.1	Show me the ....."
-	Looks selectively at pictures	C1-5.6	Looks at pictures in book
±	Responds to name	C1-3.7	Responds with recognition to name
-	Imitates common words	C1-4.4	Imitates familiar words
-	Speaks 3-4 words	C2-2.4	Uses words in speach
-	Follows 1-level commands	C2-3.3	Follows simple commands
D.A.= 12 mo.	PERSONAL-SOCIAL		
±	Reacts consistently to mirror image	01-1.7/.8	Smiles at mirror and reaches
±	Cooperates in dressing	02-5.1/.8	Helps-pants and limb in arm hole
±	Cooperates in toileting	02-5.8	Helps push down-pull up pants
-	Indicates wet pants	02-2.5/.12	Indicates wet pants and need
-	Toilet/partial regulation	02-2.15	Attempts bowel/bladder control
±	Eats with spoon-spilling little	02-4.15	Spoon-food to mouth/no spilling
±	Drinks from cup-no spilling	02-4.9	Drinks from cup-unassisted
-	Cooperates in washing hands	02-2.3	Tries to wash hands
D.A.= 18 (18-21) mo.	MOTOR		
±	Kicks large ball	M2-1.12	Kicks large ball (stationary)
±	Stairs/up-down/holds rail	M2-1.11	Stairs up/down-holds rail
±	Jumps both feet	M2-1.13	Jumps off floor/both feet
-	Attempts cube tower	M2-2.1	Stacks two cubes
-	Formboard/places circle	M3-2.9	Places round obj. in round hole
-	Imitates horiz./vert. stroke	M2-2.8	Imitates vertical stroke
D.A.= 11-15 mo.	PROBLEM-SOLVING		
±	Finds hidden objects	P1-3.13/.14	Finds hidden object
±	Responds to directions "look at me"	P2-1.1	"Look at me"
±	Attends to verbalizations	P2-1.6	Attends to verbalizations
-	Goes to correct location	P2-3.4	Goes where told
±	"Show me the ....."	P2-4.2	"Show me the ....."

Figure 9

SAMPLE ASSESSMENT/CURRICULUM LINKAGE

ILLUSTRATION:

An example employing the Gesell Developmental Schedules (Gesell, 1940) and the HICOMP Preschool Curriculum Sequence (Forsberg, Neisworth, & Laub, 1977) portrays the implementation of a pragmatic "linkage" between developmental assessment results and individual instructional goal-planning. As a criterion-based measure, the Gesell Schedules with its comprehensive behavior sampling, wide age range (4 weeks-72 months), and its potential adaptability can be very useful in educational planning. Essentially, on the basis of a child's performance on the various developmental tasks, the highest level of skill acquisition (maturity levels) in each developmental domain is determined and a sequence of "performance ceiling tasks" is delineated. These ceilings are then viewed as a series of prerequisite, curriculum entry targets which need to be stressed in programming in order to help the child acquire more complex developmental skills within the instructional sequence. Moreover, similar objectives from the HICOMP Curriculum are then matched with the Gesell 'performance ceilings" to complete the linkage and the individual prescriptive plan (Figure 9). Figure 10 serves to illustrate a sample Assessment/Curriculum Linkage sequence; the appendix at the end of this manual guide contains a simulation exercise on the assessment/curriculum linkage system which can be matched with the developmental curriculum presently in use by your preschool program.

*	GESELL PERFORMANCE CEILING TASKS	- ±
L	follows prepositions	-
	uses 3-word form-modifiers	±
	uses personal pronouns	-
	imitates 6-10 syllable form	-
PS	buttons/unbuttons	-
	toilet dry at night	±
	washes hands/face-independently	-
	emerging associative play	±
H	walks on tiptoe	-
	stands 1 foot- 2 secs.	-
	imitates cross form	-
	builds bridge form	-
A	identifies and describes pictures	-
	identifies and names colors	-
	counts 1-10 and up	±
	groups as to color, size	-

*	NICOMP CURRICULUM SEQUENCE (1977)
C	responds with correct prepositions
	uses sentences of 4-8 words
	speech elaborated with personal pronouns
	imitates 6 syllable form and elaborated combos.
O	buttons and unbuttons
	toileting bowel and bladder
	wash and dry/face and hands
	sharing play in small groups
M	walks on tiptoe
	balances on 1 foot 2-3 seconds
	draws cross-imitates adult
	builds bridge imitated
P	names objects and events
	points to and names secondary-primary colors
	counts 1-10 and up
	grouping and sequencing

ASSESSMENT——————LINK——————CURRICULUM

CEILING/TASKS TARGET BEHAVIORS

CEILING BEHAVIORS		CURRICULUM MATCHES
Language ceiling tasks	C3-8.5 C3-4.3 C4-2.6	Matching Communication target objectives
Personal-social ceiling tasks	O3-5.2/.6 O3-2.1 O3-2.6 O3-3.2	Matching Own-Care target objectives
Motor ceiling tasks	M3-1.1 M4-1.2 M3-2.7 M3-2.5	Matching Motor target objectives
Adaptive ceiling tasks	P2-4.5 P3-4.2 P4-6.6 P3-6.8	Matching Problem-Solving target objectives

MATCHING CURRICULUM ENTRY OBJECTIVES

Practical Value of the Linkage Procedure

The linkage procedure attempts to offer a practical and systematic method of utilizing existing developmental scales for purposes of individual instructional goal-planning. Such scales are employed as criterion-based diagnostic measures. As such, they help to accomplish a portion of the preschool teacher's job of pretesting children on appropriate curriculum objectives at suitable curriculum levels. Using traditional scales, pretesting can be achieved on specific language, personal-social, motor, and cognitive skills and the child's performance on target-specific test items can be generalized to similar curriculum tasks.

Also, criterion-based developmental diagnosis facilitates the creation of an individualized set of sequenced instructional targets appropriate to the child's functional levels and adapted to his handicaps.

In terms of formative and summative evaluation, such an approach establishes functional, behavioral criteria common to both assessment and instruction. Thus, the approach is competency-based and enables both teachers and school psychologists to monitor the progressive acquisition of developmental skills as well as program effectiveness. For example, after the linkage has been completed and instructional targets and strategies have been formulated and implemented, the child's progress in acquiring deficient developmental skills can be monitored, primarily, by curriculum-imbedded checklists and behavioral analysis. The developmental scales subsequently provide concurrent, summative evidence of developmental progress.

This format then establishes behavioral and developmental criteria upon which both teaching lessons and progress assessments can be mutually

based. Five major objectives are accomplished through this process.

1. Imbedding assessment within instructional planning
2. Ensuring similarity between behaviors assessed and behaviors taught
3. Providing functional analyses of each child's range of developmental capabilities
4. Providing a varied basis for monitoring skill acquisition
5. Facilitating both formative and summative evaluation of developmental progress.

Supporting Data for the Linkage Procedure

Preliminary studies on the assessment/curriculum linkage system support the practical value of the method for preschool teachers involved in individualized instructional planning.

MacTurk and Neisworth (1977) compared the developmental progress of 10 handicapped and 10 non-handicapped preschoolers across a 24 week period within a mainstreamed preschool setting. Intercorrelations among Gesell diagnostic results and teacher-evaluated, curriculum skill acquisition ranged from r=.61 to .93 for both groups with a mean correlation of r=.91 for the handicapped group. The results reflected the developmental similarity between Gesell task behaviors and HICOMP curriculum objectives and, therefore, underscore the usefulness of comprehensive developmental scales as reliable criterion-based measures of educational progress.

In a study examining the reliability and usefulness of teacher-established "linkages", Bagnato (1977) offered assessment/curriculum linkage training to 20 preschool teachers. Using Gesell diagnostic

results on 25 handicapped children, teachers matched obtained assessment "targets" with HICOMP curriculum-entry objectives for the preschoolers. Results indicated that within 4 behavioral areas: (communication, personal-social, motor, and problem-solving) the average match-agreement between test performance ceilings and appropriate curriculum objectives was r=.85. The results of teacher inservice training suggest that the linkage system offers a practical format for creating a common ground between preschool teachers and school psychologists. Given a sequence of assessment-based targets by diagnostic specialists, preschool teachers can pragmatically match a series of instructional objectives which establish observable, behavioral criteria upon which teaching and evaluation can be commonly based.

Conclusion

The growing interdisciplinary involvement of school psychologists and special educators with handicapped preschool populations underscores the need for devising practical methods of forging links between developmental diagnositc information and individualized educational programming. Moreover, the emergence of mandated "Individual Educational Programs" for each handicapped person between the ages of 3 and 21 (Federal Public Law 94-142, 1975), draws the importance of assessment/curriculum linkages into sharper focus.

The more defined the interface between a child's pattern of capabilities and his plan of instruction, the more effective the total educational experience. Comprehensive methods of assessment help to achieve this interface. By establishing criteria common to both the assessment and the instructional process, one moves closer to creating an integrated

diagnostic-prescriptive approach. This guide has stressed various pragmatic factors which are important in formulating the diagnostic-prescriptive link for the handicapped preschooler:

1. Choose assessment methods which ensure the comprehensive coverage of skills at all curriculum levels
2. Operate from within a "developmental task approach" to assessment and programming
3. Realize the need for both formative and summative evaluation of child progress.

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Appendix 1

FORGING AN ASSESSMENT/CURRICULUM LINKAGE FOR THE HANDICAPPED PRESCHOOLER: A SIMULATION EXERCISE

ASSUME THAT YOU ARE THE HEAD TEACHER IN A PRESCHOOL PROGRAM FOR MULTI-HANDICAPPED CHILDREN. YOU ARE CHARGED WITH THE RESPONSIBILITY OF PLACING PRESCHOOLERS AT INDIVIDUALLY APPROPRIATE LEVELS OF YOUR PROGRAM BASED UPON YOUR READING AND ANALYSIS OF A DEVELOPMENTAL DIAGNOSTIC REPORT RECEIVED FROM A SCHOOL PSYCHOLOGIST. FURTHER, YOU MUST USE THIS REPORT, AS A STARTING POINT TO IDENTIFY SPECIFIC, APPROPRIATE EDUCATIONAL "ENTRY-OBJECTIVES" FOR EACH CHILD.

ON THIS BASIS, THE FOLLOWING EXERCISE SERVES AS A METHOD TO TEST YOUR SKILL IN "LINKING" OR MATCHING APPROPRIATE CURRICULUM OBJECTIVES WITH DEVELOPMENTAL DIAGNOSTIC DATA AS AN INITIAL STEP IN FORMULATING AN INDIVIDUAL EDUCATIONAL PROGRAM (IEP) FOR A HANDICAPPED PRESCHOOLER.

AN ASSESSMENT/CURRICULUM LINKAGE FOR PRESCHOOL CHILDREN

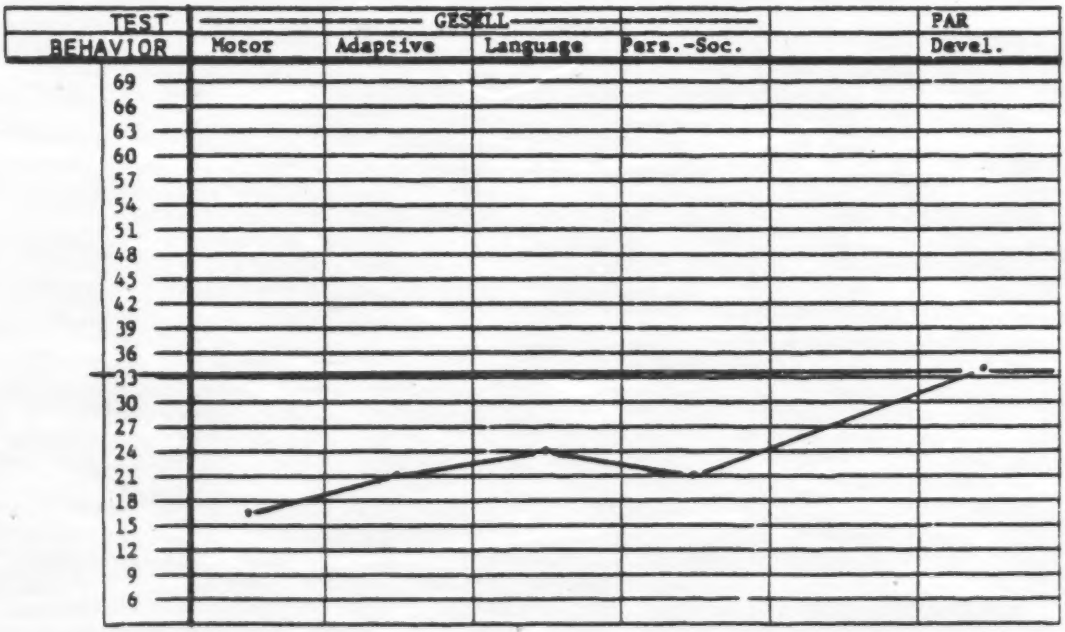
NAME	Michelle	DOT	77-2-25
ASSESSMENT PURPOSE	Developmental Assessment	DOB	74-5-09
		CA	2-9-16 (34 mo.)

COMPREHENSIVE DEVELOPMENTAL ASSESSMENT PROFILE

I. QUANTITATIVE FUNCTIONAL ANALYSIS

The following measures were employed to determine Michelle's *current functional levels in major developmental areas and to identify targets to guide individualized instructional goal-planning. The profile below provides a comprehensive estimate of* Michelle's *pattern of skill development compared to that expected for his/her chronological age.*

TEST	CURRENT AGE FUNCTION	
Gesell Developmental Schedules (GDS)	Motor	= 15-18 mo.
	Adaptive	= 21 (18-24) mo.
	Language	= 24 (21-30) mo.
	Pers.-Soc.	= 21 (18-24) mo.
Preschool Attainment Record (PAR)	Devel.	= 31 mo.
(parent report)		



NAME	Michelle	DOT	77-2-25
ASSESSMENT PURPOSE	Developmental Assessment	DOB	74-5-9
		CA	2-9-16 (34 mo.)

II. QUALITATIVE FUNCTIONAL ANALYSIS

A. BACKGROUND INFORMATION AND BEHAVIORAL OBSERVATIONS:

Under a developmental follow-up study directed by Dr. Jeffrey Maisels at the Hershey Medical Center, Michelle, age 34 months, was administered a comprehensive developmental evaluation. The Gesell Developmental Schedules were given for the following purposes:

1. To delineate Michelle's current range of developmental capabilities and functional skills.

2. To suggest less well developed skills requiring educational programming.

3. To aid in providing a basis for home-based parent/child instruction.

Michelle was seen in a teaching apartment in the pediatrics section of the medical center with the mother, a sister, and an educational specialist present. Michelle was initially a little shy in the situation, but after some rapport building readily accompanied the examiner and worked with him on a number of developmental tasks. Michelle was easily interested in a number of the different activities and toys presented. However, in general, Michelle exhibits a very short attention span. During the course of testing, she seemed quite distractible and fairly impulsive on a number of activities. Her distractibility required the quick administration of different items. It was necessary often to present one object at a time and to limit any distracting circumstances and to make sure that the object and materials used were high interest objects. At this point, Michelle is quite observant but also impulsive in working on a number of activities. It appears that she needs some structure and reinforcement in the form of praise, or hand clapping, or smiling in order for her to perform well and to maintain her attention. In this respect some attention training and behavioral control may be needed. Such a tactic as saying "You can have the next toy after we finish working on this one first" appeared to work often times with Michelle during the course of testing. In general, Michelle's performance on various developmental tasks suggests the existence of developmental delays of between 12 and 18 months in all functional areas; however, within her own pattern of performance Michelle shows individually well developed skills in the area of language development, particularly in labeling objects and pictures on picture cards. In addition, good imitation skills and developing imitation skills indicate the expansion of her abilities in these areas. In contrast, Michelle's weakest area appears to be the area of gross motor skills. Delays in these areas are to be expected because of the hip problem which she has. In the same respect, her fine motor skills also appear to lack fine motor coordination that is often necessary to complete more focused kinds of tasks and to manipulate objects. Some eye-hand coordination problems were noted also. However, Michelle appeared to be adjusting well to her glasses and her eye-hand coordination problems did not seem to be very evident when objects were presented on either side and her attention was directed to each of the tasks by way of prompting her face and directing her eyes and giving her specific instructions on what she was supposed to do.

B. DESCRIPTION OF OBSERVABLE DEVELOPMENTAL SKILLS/FUNCTIONAL AREA

The following analysis provides a comprehensive estimate of Michelle's range of functional skills based upon her performance on a series of developmental tasks. Although delays are evident, her emergent progress in many areas speaks well for significant skill acquisition with appropriate structure and programming.

1. COMMUNICATION SKILLS

Michelle's range of demonstrated language skills appears to be comparable to those expected of approximately the typical 2½-year-old child. Although delays are evident, this area represents Michelle's strongest individual capabilities. Michelle's functional vocabulary is expanding and is reported to be about 50 words. She has discontinued the use of jargon and is beginning to elaborate on her sentence structure also. During testing, Michelle named 50% of the pictured objects and concrete objects presented to her and identified approximately 70% of them correctly including such pictures and objects as dog, shoe, cup, potty chair, ball, key, truck, pocketbook, bell, and spoon. In addition, Michelle's ability to imitate words and gestures spontaneously speaks well for continued progress in this area. Michelle is able to combine two to three words into a more complex sentence form ("What's that Mommy?"; "That's baby's potty chair.") and to ask questions. However, the usage of various parts of speech was noted during testing except personal pronouns. Similarly. Michelle does not appear to know her full name or to use it, nor to understand and express the function and use of many objects beyond labeling them.

It is suggested that some training in the home using large cards with three to four pictures in each corner and requiring Michelle to pick out specific pictures may go a long way toward expanding her capabilities in the language area. In addition, it would be helpful to set our a series of objects and also ask Michelle to tell what they are used for. These kinds of activities would be helpful in the home to expand some of her skills.

2. SELF-CARE SKILLS

The level of development of Michelle's interpersonal and self help skills appears to be comparable to that expected of the average 1½ to 2-year-old child. Michelle is reported to be very cautious of strangers, however, her behavior during testing gave no indication of this as she allowed being held by the examiner and immediately expressed interest in interacting on a number of tasks. Her emerging cooperative play was very evident here. Nevertheless, she appears to need some control in knowing the limits of her behavior and obeying rules in structured situations. Her impulsive and distractible behavior are normal for her age but need to be limited by directing her attention purposefully. It was reported that Michelle eats and drinks independently but still spills quite a bit. In dressing she experiences difficulty in putting on pullover garments as well as pants. Her hip problems conceivably may contribute to difficulty in this area.

3. GROSS/FINE MOTOR SKILLS

Michelle's hip problem undoubtedly affects the development of skills in the gross motor area. Her current range of skills appears to be comparable to those expected of a 15-18 month old child. Such capabilities as walking with one hand held, momentarily standing with support on both legs, creeping up stairs, and throwing a ball, represent typical skills for Michelle. Cruising along furniture and creeping on the floor and up stairs are her principal means of moving about.

In the fine motor area her skills are individually more highly developed although delays are evidently involved with some apparent difficulties in eye-hand coordination in timed object manipulation tasks (peg placement and pellet dropping). Her performance suggests the acquisition of fine motor capabilities much like those expected within the eighteen to twenty-four month range. Michelle built a tower of two cubes but experienced difficulty with three to four cubes. Similarly in drawing tasks she spontaneously scribbles and makes a stroke imitatively but fails to make a circular or letter-like stroke (V, H, +). Finally, Michelle is able to consistently place circle and square shapes in the formboard but fails to place the triangle consistently or even to adapt to errors and self-correct her mistakes. Although some fine motor coordination problems appear to be evident when Michelle worked on more focused manipulation tasks it was apparent that her distractible and impulsive manner of responding on such activities contributed very much to low performances on such activities as stacking cubes, dropping pellets into a bottle, and placing pegs in a peg board, as well as discriminating shapes and placing them in a formboard. Such activities require attention which Michelle is only developing within an emergent stage at this point.

4. PROBLEM-SOLVING SKILLS

Although it is inappropriate at this time in her development to pinpoint intellectual abilities, Michelle's performances on imitative and expressive and receptive language tasks in addition to fine motor activities provide evidence of emergent problem solving capabilities much like those expected of approximately a 2 to 2¼-year-old child. Her individual strengths in the language area speak well for continued acquisition and refinement of more complex cognitive skills. Nevertheless, Michelle shows deficits in such activities as attention to focus tasks, building block forms, discriminating shapes, imitating folded paper forms, and recalling and repeating numbers and phrases from memory. The following tasks suggest Michelle's more well developed skills:

* naming and identifying pictures and objects
* using an elaborated sentence form
* imitating words and gestures
* rudimentary description of action in pictured situations

NAME Michelle	DOT 77-2-25
ASSESSMENT PURPOSE Developmental Assessment	DOB 74-5-9
	CA 2-9-16

EDUCATIONAL RECOMMENDATIONS AND CURRICULUM LINKAGE:

Based upon Michelle's *performance on a series of developmental tasks, the following set of recommendations, curriculum objectives, and strategies are offered as suggested guides for designing an individualized educational plan:*

Based upon Michelle's performances on a variety of developmental tasks, the following recommendations are offered as suggested guidelines for her future educational programming as well as current home-based instructional efforts.

1. Increase attention to structured activities by physically directing chin and eyes to the task. Such instructions as "Look at all the parts of the picture" and "Watch what I do carefully" paired with directing facial, head, and eye orientation may help. Increase attention to and understanding of rules by such tactics as "This is what we are going to do first" and "You can play with that toy after we do this first" will help in using preferred activities as a way of getting less preferred tasks done. Also, situations such as "Time out" may help Michelle to begin to learn the limits of her behavior. Time out can be done by placing her in a chair by herself in another room with instructions that she can come out when she decides not to act up anymore.

2. Emphasize home-based educational work on these developmental tasks:

   * Combines parts of speech to make 3-4 word sentences
   * Responds with action word to "What's _____ doing?"
   * Draws circle in imitation of adult
   * Draws verticle line from a model
   * Draws horizontal line from a model
   * Draws recognizable face
   * Assembles simple puzzles
   * Washes and dries face and hands
   * Attempts to brush teeth
   * Responds to "Where is the _____?" and "Show me the _____."
   * Points to picture in an array in response to "Show me the _____." and "Where is the _____?"
   * Names object in response to "What's this?" or "Who's that?"
   * Recognizes object misplaced in an array of other objects
   * Responds to "Which is bigger?"

3. It is recommended that further developmental assessment be conducted within the next year in order to further analyze Michelle's range of developmental and cognitive skills with emphasis particularly on the areas of fine motor coordination skills and the acquisition of more complex language capabilities.

Home-based Educational Specialist	School Psychologist Preschool Assessment and Programming

ASSESSMENT-BASED CURRICULUM-ENTRY TARGETS

Child Michelle Curriculum

Test Gesell Developmental Schedules C.A. 34 months

PERFORMANCE CEILINGS (TEST)	LINK INDEX	CURRICULUM-TARGET OBJECTIVES
D.A. = 24(21-30) Mo.	**COMMUNICATION**	
+/- Follows 2-4 simple directions		
+/- Uses 20+ vocab. in speech		
- Names pictures & Objs 8-12		
+/- Uses I, me, you & plurals		
+/- Identifies objs & pictures		
- Imitates 5-6 word phrase		
- Gives full name-requested		
± Answers personal/factual ques.		
- Combines 3-4 words in sent.		
± Tells action & experiences		
± Asks for food, toilet, drink		
- Attends & listens to a story		
D.A. = 21(18-24) mo.	**SELF-CARE**	
+/- Uses spoon, spilling little		
± Asks to use toilet		
± Tries to contrl bowels/blad.		
± Pulls on simple garment		
- Puts on shoes		
- Removes coat		
+/- Washes/dries hands & face		
- Plays near others, no disturb.		
- Unbuttons		
- Helps put toys away		
± Words/tell wants, food, toilet		
- Careful with toys or hazards		
D.A. = 15-18 mo.	**MOTOR**	
+/- Stands momentarily alone		
- Walks a few steps		
+/- Pulls self to standing		
+/- Climbs into small chair & sits		
+/- Rolls, throws, walks into ball		
- Turns book pages singly		
- Builds 3-4 block tower		
- places ○□ in puzzle board		
- Draws horiz & vert lines-imit.		
- Draws circular stroke-imitat.		
- Holds crayon with fingers		
+/- Puts cubes in-out of cup		
D.A. = 21(18-24) mo.	**PROBLEM-SOLVING**	
- Matches ○□△ shapes in puzzle		
- Ident., match, sort colors		
± Understands concept of "one"		
± " prepositions & positions		
± Imit fine motor beh-drawing		
+/- Names & ident. objects & pict.		
- Imitates a sequence of blocks		
- Repeats 2 digits imit. adult		
- Folds paper imitat. adult		
± Identifies "big" & "small"		
- Follows 2 simple directions		
- Gives use of objects		

	COMMUNIC	SELF-CARE	MOTOR	PROB-SOLV	TOTAL	
TEST						
CURRIC.						
%						

2/7/77IFS 6529: KL